

County: Marinette
 RENNES HEALTH CENTER - WEST
 501 NORTH LAKE STREET, P.O. BOX 147
 PESHTIGO 54157 Phone: (715) 582-3906

Facility ID: 7530

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 127
 Total Licensed Bed Capacity (12/31/01): 144
 Number of Residents on 12/31/01: 115

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 111

Corporation
 Skilled
 No
 Yes
 Yes
 111

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.2
Supp. Home Care-Personal Care	No					1 - 4 Years		35.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.6	More Than 4 Years		32.2
Day Services	Yes	Mental Illness (Org./Psy)	14.8	65 - 74	6.1			-----
Respite Care	Yes	Mental Illness (Other)	2.6	75 - 84	30.4			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	48.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	12.2	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	3.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.5		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	27.0	65 & Over	97.4	-----		
Transportation	No	Cerebrovascular	7.0		-----	RNs		8.1
Referral Service	No	Diabetes	7.8	Sex	%	LPNs		7.8
Other Services	No	Respiratory	6.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.0	Male	18.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	81.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	6	100.0	241	89	94.7	100	0	0.0	0	15	100.0	135	0	0.0	0	0	0.0	0	110	95.7
Intermediate	---	---	---	5	5.3	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		94	100.0		0	0.0		15	100.0		0	0.0		0	0.0		115	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	15.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	1.8	Bathing	10.4	69.6	20.0	115
Other Nursing Homes	9.0	Dressing	12.2	67.8	20.0	115
Acute Care Hospitals	69.9	Transferring	29.6	46.1	24.3	115
Psych. Hosp. -MR/DD Facilities	0.6	Toilet Use	28.7	45.2	26.1	115
Rehabilitation Hospitals	2.4	Eating	78.3	6.1	15.7	115
Other Locations	1.2	*****				
Total Number of Admissions	166	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.7	Receiving Respiratory Care		9.6
Private Home/No Home Health	26.9	Occ/Freq. Incontinent of Bladder	50.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	16.0	Occ/Freq. Incontinent of Bowel	23.5	Receiving Suctioning		0.0
Other Nursing Homes	8.3			Receiving Ostomy Care		3.5
Acute Care Hospitals	16.0	Mobility		Receiving Tube Feeding		0.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	9.6	Receiving Mechanically Altered Diets		33.9
Rehabilitation Hospitals	0.0					
Other Locations	3.8	Skin Care		Other Resident Characteristics		
Deaths	28.8	With Pressure Sores	4.3	Have Advance Directives		85.2
Total Number of Discharges		With Rashes	5.2	Medications		
(Including Deaths)	156			Receiving Psychoactive Drugs		48.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group Ratio %	Bed Size: 100-199 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.1	82.5 0.93	84.1 0.92	85.8 0.90	84.6 0.91
Current Residents from In-County	63.5	74.3 0.85	79.3 0.80	69.4 0.91	77.0 0.82
Admissions from In-County, Still Residing	12.0	19.8 0.61	25.5 0.47	23.1 0.52	20.8 0.58
Admissions/Average Daily Census	149.5	148.2 1.01	110.2 1.36	105.6 1.42	128.9 1.16
Discharges/Average Daily Census	140.5	146.6 0.96	110.6 1.27	105.9 1.33	130.0 1.08
Discharges To Private Residence/Average Daily Census	60.4	58.2 1.04	41.2 1.47	38.5 1.57	52.8 1.14
Residents Receiving Skilled Care	95.7	92.6 1.03	93.8 1.02	89.9 1.06	85.3 1.12
Residents Aged 65 and Older	97.4	95.1 1.02	94.1 1.04	93.3 1.04	87.5 1.11
Title 19 (Medicaid) Funded Residents	81.7	66.0 1.24	66.9 1.22	69.9 1.17	68.7 1.19
Private Pay Funded Residents	13.0	22.2 0.59	23.1 0.56	22.2 0.59	22.0 0.59
Developmentally Disabled Residents	0.0	0.8 0.00	0.6 0.00	0.8 0.00	7.6 0.00
Mentally Ill Residents	17.4	31.4 0.55	38.7 0.45	38.5 0.45	33.8 0.51
General Medical Service Residents	27.0	23.8 1.13	21.8 1.24	21.2 1.27	19.4 1.39
Impaired ADL (Mean)	44.9	46.9 0.96	48.4 0.93	46.4 0.97	49.3 0.91
Psychological Problems	48.7	47.2 1.03	51.9 0.94	52.6 0.93	51.9 0.94
Nursing Care Required (Mean)	7.2	6.7 1.08	7.5 0.96	7.4 0.96	7.3 0.98